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ABSTRACT

Ethical issues which surround the reproductive technologies being used to assist infertile couples include social impact, surrogacy, access to service and confidentiality. The use of reproductive technologies does not appear to cause harm, and often does a lot of good for the family and society. Surrogacy could be a valuable tool for the infertile couple, but the emotional pain the situation brings to some couples makes it difficult to justify as a viable alternative. Access to service is an area where discrimination could easily take place. Everyone has an equal right to be a parent, and the law should not be set up to discriminate against someone due to economics, race, sexual preference or marital status. Regarding the issue of donor anonymity, it should be an individual offspring's decision to know, and the right of the donor to agree or refuse. The issue of reproductive technology and its impact on society is one which will most likely provide controversy for a number of years, at least until a consistent set of guidelines is established, or until the public becomes more comfortable with this technology. (LLL)

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ETHICAL ISSUES OF REPRODUCTIVE TECHNOLOGIES

LEGAL AND ETHICAL

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According to Witmer et al, 1986, "...the purpose of genetic counseling is to assist people in identifying potential or manifest genetic problems, understanding their implications, making decisions about what course to follow, and working through psychological and social aspects as they affect individuals or couples." One issue which often faces counselors and health professionals who deal with genetic issues is the problem of infertility. It is estimated that one out of six couples in the Western world suffers from problems of infertility, and this number seems to be increasing rapidly. There are presently sixteen reproductive techniques or technologies which have been developed to assist couples facing problems of infertility. These techniques involve donation of gametes, or sex cells, from fertile individuals and the implantation of a fertilized egg into the body of a woman able to carry a child. Three of the most common methods are donation of an egg or embryo, donation of sperm for artificial insemination, and the presence of a third party or surrogate mother (Herz, 1989). These reproductive technologies have aided many couples in having the babies they so desperately want; however, these technologies are not without critics

A survey by the American Fertility Society revealed that of the 200 clinics that offer in vitro fertilization, half had yet to produce a single baby through this technique (Ryan, 1989). A second criticism

is that the process of in vitro fertilization is most complex, and a success rate of only 10-20% has been reported (Herz, 1989). A third strike against the reproductive technologies came from a national survey of physicians, mandated by congress, which reported that fewer than half of those practicing artificial insemination tested their donors for AIDS, and 20-60% did not screen donors for infertility, genetic disorders, or sexually transmitted diseases (Ryan, 1989).

The difficulties couples face with infertility can produce a life crisis, and the stress that goes along with this crisis can be debilitating emotionally. Often the marriage relationship is strained, not to mention the financial resources of the couple. A sense of failure and inadequacy is often felt by the infertile couple, as well as depression, anger and confusion, a feeling that their situation is unfair, and guilt for the infertility in a world where babies seem to abound (Mahlstedt et al, 1989). The dilemmas and questions which surround these reproductive technologies, which are often the last resort of infertile couples, often contribute to the emotional stress that a couple is facing. If the professionals with whom these couples deal are also ambivalent or unaware of the ethical questions surrounding reproductive technologies, they will be unable to provide the help their clients seek.

Until recently, the professionals who provided counseling and offered assistance to couples seeking use of these reproductive technologies were physicians, and people with doctoral degrees, who had training in genetics. Unfortunately, these people did not often have training in counseling, or the time and ability to deal with the emotional turmoil and questions facing their clients. Today, a greater array of professionals, often mental health and community counselors, are coming into contact with couples seeking information or assistance in making decisions. If these professionals are to be

of any assistance, then they must be made aware of the bioethical issues, often of a controversial nature, which their clients will be dealing with (Witmer et al, 1986). Counselors must be able to do more than give information to these couples; often what is needed is understanding, decision making skills, and someone to help them cope with the intense emotions which surround the issues of reproductive technologies.

This paper will focus upon four ethical issues which surround the reproductive technologies being used to assist infertile couples today. The four issues which appeared in much of the literature that I reviewed were: one, the effects of these technologies on society, the child, and the family, two, the issue of surrogacy as a controversial technology, three, the issue of who should receive the services, and finally, the issue of confidentiality of donor information. I will use Kitchner's five ethical principles of autonomy, fidelity, justice, beneficence, and non maleficence in my analysis of these four ethical dilemmas. " A situation is defined as being a dilemma when there are good reasons to take different actions (Witmer et al, 1986)." I will discuss both the pro and con views on each of the issues or dilemmas, present some suggestions and alternatives to dealing with these issues, as well as presenting my own rationale or viewpoint on each ethical question.

The first of the four ethical issues which will be discussed is whether the reproductive technologies will have a negative impact on the child, the society and the family. Those who are against the use of reproductive technologies feel that it violates the natural order of life, that it separates lovemaking from lifegiving, and that this will lead to the degradation of the marital covenant, with dire consequences for the child, the family and society as a whole (Herz, 1989). "Sex without reproduction was a severe blow to the highly regarded societal belief in parenting as the epitome of life goals.

Reproduction without sex through various technically feasible collaborative means further jolts fundamental traditional values and mandates their reevaluation (Herz, 1989).

The question arises as to who is making decisions with the fetus in mind. As of now, the fetus or embryo has more rights than any ordinary human tissue, but has less status than that of a postnatal individual. It is the opinion of some in the society that the rights of the fetus are being violated by these technologies, and that the future of the child is being manipulated without the informed consent of the fetus. If the autonomy of the unborn child is to be respected, then someone should be appointed to act for the unborn child. The Vatican published its report "Instruction on the Respect for Human Life in its Origin and in the Dignity of Procreation", advising that only medical assistance which facilitates the conjugal act and "normal" procreative processes should be allowed. This decree was based on the belief that reproduction should take place only via specific and exclusive acts between husband and wife (Ryan, 1989).

The issue of parental vs embryo rights raises the question of autonomy of the individual's choice to reproduce versus the potential damage some see occurrying to society. Many members of society do not take the extreme view of the Catholic church or the Right to Life coalition in their judgment of the reproductive technologies. Individuals in favor of the use of these technologies feel that these inventions are the most human expression of man's creativity and ability to overcome nature's unpredictability. They see artificial as not being equal to unnatural because this would apply to all of man's inventions. They also feel that only highly committed couples would go through the rigorous process of reproductive technology to achieve the goal of a child, and that these measures might serve to further strengthen the bonds between them (Herz, 1989). The issue of

parental vs embryo rights raises the question of autonomy of the individual's choice to reproduce versus the potential damage some see occurrying to society.

The question of whether the use of reproductive techniques will have a problematic effect on the moral status of the family can also be viewed from two sides. Those against the use of these technologies see them as destroying the moral fabric of the family by removing the value of lineage, blurring the traditional bonding between child and parents, and by making adulterous the marital relationship and removing the act of reproduction from the act of lovemaking (Grobstein et al, 1985). Those favoring the use of such techniques see them as providing a child for a family who would have been incomplete without that child. They also view the fact that the child is to be raised jointly as maintaining the sacredness of the wedding covenant rather than destroying it (Grobstein et al, 1985). It is pointed out by Grobstein et al, 1985 that the longstanding and ethically accepted tradition of adoption supports the notion that the idea of jointly raising a child is of greater significance than whether the child is a genetic product of the social parents. The idea that reproductive technology violates the exclusivity of conjugal love is also refuted by those supporting these technologies due to the fact that sex with another is not involved in producing the child. Adultery has not been committed because genetic information is not shared by both parents and child.

My position on the issue of the effects on the child, the society, and the family is that reproductive technologies do not appear to be unethical or harmful. Using the five ethical principles, particularly beneficence vs non maleficence, and autonomy, I see the use of these technologies as causing no harm, of often doing a lot of good for the family and society, and that by prohibiting their use, the principle of autonomy would be violated. Due to the fact that if informed consent

is made, an adult should have the right to choose the course of action which benefits them, as long as no harm is done to another. I feel that no harm can be done to a child who is brought into a home with two loving parents who have fought hard to acquire the child, and who are able to provide for the child and guard its welfare.

The second ethical issue or dilemma which I wish to raise is the involvement of surrogacy as a reproductive technology. Surrogacy can be of two types; one, gestational surrogacy is when a woman is paid to carry a genetically unrelated pregnancy, and the second, surrogacy, is when the woman hired also contributes her egg to the process and provides the gestational function. In both cases the woman agrees to return the newborn to the hiring couple at birth (Herz, 1989). However, the proliferation of court cases involving problems of custody testifies to the fact that this surrogate process is not a smooth one. The issue of surrogate motherhood raises important ethical questions as to the meaning of parentage, the values of family, and the sanctity of what some feel to be the natural order of human spousal procreation (Grobstein et al, 1985).

Surrogacy has the potential of involving up to five individuals in the process of forming one offspring. The genetic mother contributes the egg, the gestational mother carriers the pregnancy, the social mother raises the child, the social father raises the child, and the biological father contributes the sperm. Those against the use of surrogacy feel these differing roles can create confusion for the child as to genealogy, and self identity, as well as wondering to whom the child owes its loyalty (Herz, 1989). These opponents to the use of surrogacy also feel that the traditional family system is being destroyed by the introduction of reproductive technologies. They feel the continued involvement of the surrogate in the life of the child could be psychologically damaging for the child and the surrogate. There is no way to enforce requirements such as good

prenatal care, the use of caserean or other emergency methods of surgery during the birth, the possibility of the surrogate having an abortion; they believe the contracts which are developed between the future parents and the surrogate do not allow for the surrogate to change her mind, as is done with adoption, and that any regulations placed upon the surrogate preempt her right to autonomy. A final argument against the use of surrogates is that women who use them for social, non-medical reasons such as not wanting to interrupt a career, may begin a cycle of discrimination against the poor, and this is felt to be unacceptable by opponents of this technique (Herz, 1989).

Supporters of surrogacy feel that the above claims are not true; that loyalty by choice may form stronger bonds between social parents and child than one of biology, that the traditional family was beginning to evolve long before the advent of reproductive technology, as evidenced by single parent and blended families, that the mother is paid to have the child, the child is not bought, and that society allows competent adults to take risks when informed consent has taken place. They feel surrogacy gives a child a chance to exist it would not have previously had, and this fulfills the couple's desire for a family (Herz, 1989).

Surrogacy in Britain has been outlawed due to the fact that the courts saw offspring as becoming a commercial product, and the selling of children is against the law (Herz, 1989). In the United States surrogacy has not been outlawed, and no ethical guidelines or laws exist which set precedents for how to rule in such situations. I heard of a case recently where custody was awarded to the social parents which honored the surrogate contract. We will most likely have to wait until the technology has become more established for firmer guidelines to come into play. My personal view is that surrogacy could be a very valuable tool for the infertile couple, but that the emotional pain the situation brings to some couples makes it

difficult to justify as a viable alternative. I would like to see this technology available, with a set of standards or laws which provided more structure. I feel that the autonomy of the couple and of the surrogate provides the ethical basis for this process to take place, but that it must be seen to do good rather than harm.

The third issue which this paper will examine is the issue of who should have access to the new reproductive technologies. This dilemma involves the question of whether there is a moral right to procreate, and whether this moral right should be overridden when considering factors such as economic factors and cost of care, or the marital status of those desiring service (Grobstein, 1985). The high costs of the procedures discussed limit availability to the rich. Some states have begun requiring insurance to cover procedures such as in vitro fertilization, but the question remains as to whether these technologies can be viewed as treatment, or as simply desires of the parents that are not necessary, and thus not reimbursable. It has also been found that researchers have attempted to patent the technological innovations and to charge unusually high fees for these services. This issue of affordability raises the ethical principle of justice, and the question of whether these technologies should only be available for the rich. This practice would set up definite discrimination against poor, infertile couples having the right to have children, and could be seen as a control technique by the government and the higher classes.

The desire of unmarried women, couples, and lesbians to have children is the second half of this issue. The pro side to this argument says that physicians are required to provide service to the afflicted, and that treatment should not be refused on legal or moral grounds. It would appear to be discrimination, or violation or the principles of justice and autonomy, if such limitations on parenthood were instituted . However, those opposed to "unfit" individuals having

children, and to the further disruption of society, claim that a physician is justified in not giving assistance if the couple or parent in question does not appear fit.

Grobstein sees the physician's responsibility in a situation where the individual or couple requesting reproductive technology is not married, or is seen as questionable in ability to parent, as one in which informed consent must take place, that the rationale behind the couple's or individual's decision be assessed as sound, and that the physician use his or her best judgment as to the suitability of the candidate (1985).

I see this issue as being an area where discrimination could easily take place. I feel a couple who is not married, or a single woman, is just as capable of caring for a child as a married couple, as evidenced by the number of single parents in the world today. I believe everyone has an equal right under the principle of autonomy and justice to be parents, and that the law should not be set up to discriminate against someone due to economics, race, sexual preference or marital status. I do feel the fitness of parents should be assessed, regardless of whether it is a biological birth or one assisted by reproductive technology. I only wish there was some way of accomplishing this goal.

The last issue which I will discuss involves the area of confidentiality and anonymity of donors in reproductive technology. Presently the anonymity of the donors of sperm, eggs, and surrogates is protected by law, and only under unusual circumstances would this precedent be violated. However, as seen in the area of adoption, information is now being made available to offspring concerning their biological parentage, particularly if a genetic or psychological situation is present(Herz, 1989). It is now being proposed that the same openness of records be made available for children conceived through reproductive technology. The ethical question is whether this

openness would constitute a breech of confidentiality, or the principle of fidelity; or, if keeping the information secret is violating the right to know, and the autonomy of the offspring. The social parents often are aware of who the donor was for their children, but choose not to reveal this information in order to protect the child psychologically and from social stigma, as well as to protect their own lives from exposure. This secret-keeping could prove to be a detriment to the parent-child relationship, as well as setting up the possibility that the child will discover the truth. Those in favor of telling children of their true identity feel it should be done for reasons of making hereditary information available, and for allowing offspring full knowledge of their identity. This greater openness might also help to lessen the social stigma surrounding the use of reproductive technological childbearing. The issue also exists as to screening of donor's sperm and ovum for genetic disorders, and recently for the existence of AIDS. Cases have been reported in Australia and the United States of contraction of AIDS from artificial insemination (Herz, 1989).

The above factors call for a system of record keeping and disclosure. The President's Commission report of 1984 called for genetic history and the sources of donor records being kept on file, and information being made available when needed; and Ryan (1989) proposed a two-tier system whereby information be kept on file, while anonymity of donor be retained. I feel it will be vital with the presence of AIDS and the chance that genetic disorders might be passed, that adequate records be kept by physicians. and that these records be made available to offspring. The question of whether donor anonymity should be protected is a larger issue, and one that I do not feel as strongly about. . I suppose it should be an individual offspring's decision to know, and the right of the donor to agree or refuse.

In 1932 Aldous Huxley prophesized the destructive consequences of scientific accomplishment without social involvement and psychological guidelines. He stated: " The sciences of matter can be applied in such a way that they will destroy life or make the living of it impossibly complex and uncomfortable...unless used as instruments by biologists and psychologists (Mahlstedt et al, 1989)."

Mahlstedt et al, 1989, have called for experts in the field of reproductive medicine to realize that one, reproduction with the technology of donor gametes is psychologically different from that involving simple biological reproduction, and two, that we need to stop pretending that once the child is in the couple's arms, that they will forget the procedures which brought about the birth. These authors advocate the preparation of patients for alternative techniques with donor gametes through the use of pre-treatment counseling, which focuses upon one, identifying and resolving the specific ways in which infertility treatments have affected them individually and as a couple, and second, that the couple discuss specific issues involved in the treatment that they have chosen to pursue and develop ways of coping with these issues. The main issues to be examined concerning donor gametes are secrecy of the procedure, donor anonymity, the idea of multiple parents, and the social attitudes held toward these reproductive technologies. These issues will all come up again and again throughout the life of their future offspring, and the parents should be prepared for them to come up and the way in which they will handle them. It is also recommended that persons who are to participate in reproductive technology wait several months between the suggestion for use of donor technology and the implementation of the procedure. This practice appears to be associated with better adjustment to treatment, and will give them the opportunity to seek counseling,

which will aid them in sorting through the ethical and personal dilemmas involved with their choice.

The role of counselors in the reproductive technology field is to perform both a psychological and supportive role, and to make referrals should a client come in with genetic concerns. It is also seen as important that counselors have minimal knowledge concerning genetic disorders and the ethical dilemmas surrounding the use of reproductive technology. The authors whom I reviewed for this paper suggest strongly the need for ethical guidelines, codes, or public policy which would regulate the use of reproductive technology, and provide counselors and others involved in genetic technology with ethical guidelines under which to operate (Witmer et al, 1986, Grobstein et al, 1985, Herz, 1989). I feel these guidelines are needed, and would provide consistency in a field where controversy is troubling to both counselors and clients. A set of guidelines published by the American Fertility Society does exist, but they are reported to be limiting and general, as well as more applicable for physicians than counselors (Herz, 1989).

The four issues of social impact, surrogacy, who has the right to service, and confidentiality, are issues which are not easily answered by myself, or by the experts in the field. The issue of reproductive technology and its impact on society is one which will most likely provide controversy for a number of years, at least until a consistent set of guidelines is established, or until the public becomes more comfortable with this technology. It will be vital for counselors to understand the basics of genetic counseling, and be able to provide support and assistance to those in emotional distress surrounding the choices that are being made. I found a poem in one of the articles I reviewed which seemed to put the whole issue into perspective for me, and I would like to share it:

Your children are not your children

They are the sons and daughters of Life's
longing for itself.
They come through you but not from you,
and though they are with you, yet they belong
not to you.
You may have given them your love but not your
thoughts.
For they have their own thoughts.
You may house their bodies, but not their souls
For their souls dwell in the house of tomorrow,
which you cannot visit, not even in your dreams.

Kahlil Gibran
The Prophet
(Mahlstedt et al, 1989).

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